

PLEASE PRINT

NAME/ADDRESS CHANGE

Annuitant Social Security Number	
Current Last Name	First Name, Middle Init.
A Change Name to	First Name, Middle Init.
MAILING/HOME ADDRESS (Use this line only if third address line is needed)	
J Box No. or Street	
City, State	Zip Code

Enter "F" if payment mailing address is foreign

Date Change To Be Made	Signature of Annuitant
------------------------	------------------------

ET-2815 (REV 8/97)

FOR OFFICE USE ONLY				
10	SEQUENCE NO.	PROGRAM	TYPE	FM CODE
		<input type="checkbox"/> MT <input type="checkbox"/> ST <input type="checkbox"/> WR		H

Return this form to:
DEPARTMENT OF EMPLOYE TRUST FUNDS
P.O. Box 7931
Madison, WI 53707-7931

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